

**Rhode Island Certificate of Compliance by Non-Participating Manufacturer**  
**Sales Year 2003 Escrow Deposit (January 1, 2003 through December 31, 2003)**  
**Escrow Deposit Due April 15, 2004 and Certificate of Compliance Due April 30, 2004**

**Part 1: Manufacturer's Identification**

1. Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City, State, Zip Code: \_\_\_\_\_
4. (a) Phone: \_\_\_\_\_ 4 (b) FAX \_\_\_\_\_
5. Electronic Mail Address: \_\_\_\_\_

**Part 2: Sales Year (January 1, 2003 through December 31, 2003)**

6. The dates during 2003 that individual cigarettes and "roll-your-own" tobacco was sold by the Manufacturer: \_\_\_\_\_

**Part 3: Units Sold**

7. Number of individual cigarettes and "roll-your-own" tobacco, sold by the Manufacturer identified above during the sales year in Rhode Island is as follows: \_\_\_\_\_

**Part 4: Escrow Rates and Payments**

For the sales year: \_\_\_\_\_ (Use and adjust the rates listed below to figure the appropriate total deposit amount)

8. The appropriate Escrow rate for 2003 Sales adjusted for inflation is: 8. \$ 0.019495 per unit
9. Multiply Line 8 by Line 7 and write the amount. 9. \$ \_\_\_\_\_

*Line 9 is the total amount to be paid in the qualified escrow account*

**Part 5: Financial Institution**

10. Name of Institution: \_\_\_\_\_
11. Address: \_\_\_\_\_
12. Qualified Escrow Account No: \_\_\_\_\_
13. Amount Deposited in Qualified Escrow Account for Sales Year 2003: \$ \_\_\_\_\_
14. Date of Deposit in Qualified Escrow Account for the Sales Year 2003: \$ \_\_\_\_\_
15. Total Amount in the Qualified Escrow Account held for the State of Rhode Island: \$ \_\_\_\_\_

**Part 6: Signature**

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this Certificate of Compliance is true and accurate.

Name of Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_  
Signature of Notary Public: \_\_\_\_\_ City or County  
of \_\_\_\_\_ My Commission expires: \_\_\_\_\_

**Attach** a copy of your executed escrow agreement, any amendments to your escrow agreement, and all receipt(s) or other proof of deposit(s) to the escrow account from your financial institution. **Mail** this completed Certificate of Compliance and attachments to: **Rhode Island Department of Attorney General, Tobacco Enforcement, 150 South Main St., Providence, RI 02903.**